SEMI-ANNUAL PROGRAM REPORT
December 1, 1999 – May 31, 2000

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A publication of the
NGO Networks for Health Project

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I.   INTRODUCTION

NGO Networks for Health (*Networks)* is an innovative five year global health partnership created to meet the burgeoning demand for quality family planning, reproductive health, child survival, and HIV/AIDS (FP/RH/CS/HIV) information and services around the world. Through this G/PHN-funded initiative, five major PVOs (ADRA, CARE, PATH, Plan International, and Save the Children), are working in partnership to build their capacity in the technical areas and to expand and/or create new information and service delivery networks.

Importantly, this initiative also identifies and promotes FP/RH/CS/HIV promising and best practices, technologies, and thinking among the Partner organizations, other PVO/NGOs, and Cooperating Agencies (CAs). *Networks* provides an important link between the PVO/NGO and CA communities — enabling both to benefit from each others' experiences, methodologies, approaches, and tools.

During this reporting period, December 1, 1999 to May 31, 2000, much attention was dedicated to the focus countries and significant progress was made in advancing network development; reaching increasing numbers of PVOs and NGOs with financial and technical support; and establishing monitoring and evaluation systems. Within the Partner organizations, capacity-building plans were developed, and additional staffing needs identified.

Toward the end of this reporting period and with two years since the commencement of the project, we viewed it an opportune time to take stock of progress, constraints, strategies, and priorities for the future. In meetings with the Partners in April and May, five essential *Network* outcomes were reaffirmed in order to achieve the project's desired global impact:

- Deliver with continued excellence on *Networks* obligations under the Cooperative Agreement;
- Institutionalize the capacity of individual Partners to deliver improved FP/RH/CS/HIV information and services;
- Strengthen existing, and when appropriate, create new country networks to promote improved quality, access, and use of FP/RH/CS/HIV information and services beyond the life of the project;
- Mobilize resources for an additional 2-3 strategically selected countries and undertake "focus country" programming; and
- Leverage additional non-USAID resources to support *Networks'* goals.

The period from December 1990 through May 2000 was critical to the 5 year *Networks* activity, concluding the first two years with a solid base in headquarters, in the Partner organizations, and in the focus countries, and with preparations completed and priorities well established for the coming years when activities should peak.

Six-month highlights of accomplishments and ongoing activities are presented in the boxes below, followed by summaries of core services, focus country, and cross-cutting activities.

SIX MONTH HIGHLIGHTS
(December 1 – May 31, 2000)

Key Accomplishments:

- Program of professional development seminars and technical workshops established

- Publication of a periodic technical update, *At a Glance*, initiated

- RH strategy and BC technical approach finalized with Partner collaboration and USAID feedback

- AIDS Working Group established and a tool to inventory Partners' HIV/AIDS programs developed

- Organizational capacity-building plans developed by all Partners except CARE

- Work with MEASURE initiated to provide Partners with customized support for measuring their respective capacity-building efforts

- Consultative Forum on Community-Centered Approaches for Behavior and Social Changes held in DC

- Documentation on existing health-related network experiences continued

- Global Safe Motherhood Workshop held in Kenya with the CORE Group and PVO/NGOs from 25 African countries

- Global HIV/AIDS Workshop held in DC with Partners and CAs

- *Networks* Communication, Documentation and Dissemination Strategy produced and disseminated

- Resource Center officially opened

Focus Countries:

- Staff recruitment in all focus countries continued

- Subgrant programs in Nicaragua and Malawi supported as they operate at full swing, reviewing and approving proposals, disbursing funds, and monitoring implementation

- Focus country program activities initiated in Armenia

- Network development advanced in Armenia, Malawi, and Nicaragua where over 30 PVOs/NGOs are engaged in networks

- Baseline surveys completed in Malawi, Nicaragua, and Vietnam

- Organizational/institutional assessments of PVOs and NGOs and capacity-building plans in various stages of development and implementation

- OR activities taking shape in Malawi and Nicaragua

- Resources leveraged from USAID and private sources to complement G/PHN funds
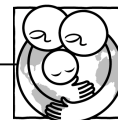
Ongoing Activities:

- Facilitating implementation of country programs in Armenia, Malawi, Nicaragua, and Vietnam

- Marketing *Networks* to Partners and missions in potential focus countries: Ethiopia, India, and Indonesia

- Facilitating development and implementation of Partners' capacity-building plans and systems to monitor progress

- Articulating framework for network development and indicators for monitoring progress

- Providing technical assistance and training to focus and non-focus countries

- Holding technical seminars for policy makers, program planners, managers, and service providers

- Conducting baseline studies and establishing monitoring and evaluation systems in focus countries

- Identifying and disseminating promising and best practices in FP/RH/CS/HIV

- Documenting selected NGO networks

- Production and dissemination of project strategies and planning documents, workshop and conference reports, technical updates, case studies, training manuals, and project promotional information.

II.   CORE SERVICES

A.   Promoting Technical Excellence and Innovations

The technical support group (TSG) spearheads *Networks'* efforts to improve services, with emphasis on empowering health workers and communities. Consisting of *Networks* technical advisors and Partners' FP/RH specialists, the entire TSG met on the fourth Tuesday of each month and a subgroup, *Networks* technical advisors, additionally met on the second Tuesday of each month during this reporting period. The TSG continued to provide key input to all project activities and Partner capacity building.

Among the most important TSG initiatives during this reporting period were the establishment of a program of professional development seminars and provision of support to technical workshops. Over the six-month period, activities included:

- Professional development seminar, Community Approaches to HIV/AIDS, held in Washington, DC, February 2000;
- Assistance provided to the CORE Safe Motherhood Workshop in Kenya as part of TSG support to the global capacity-building agenda;
- Behavior Change Consultative Forum supported, with the CORE Group;
- Professional development seminar, Strategies for Introducing Emergency Contraception, commissioned from PATH and to be offered for policy makers and senior planners in Washington, DC, in July 2000, and subsequently to be rolled out as part of the global capacity-building agenda for RH practitioners and programmers in Armenia in November 2000;
- Professional development seminar, Managing Access and Quality of RH Services, arranged to be provided by Dr. Jim Shelton;
- Technical update publication, *At a Glance*, created.

Also important to *Networks* promotion of technical excellence was the establishment of an AIDS Working Group with representatives from Partner organizations. The group, which meets on a monthly basis, developed an inventory tool for mapping Partner HIV/AIDS programming and project activities. Partners are currently completing the field level work on this mapping. This tool serves as a starting point for work under a Plan International-led HIV/AIDS initiative, which will also involve CARE and Save the Children.

Networks, CARE-MoRR, Christian Children's Fund, and the CORE Group sponsored a Safe Motherhood Workshop in Kenya in May 2000. This event was attended by representatives from Partners and other African NGOs, UN agencies and USAID. Participants came together to share information and work together on case studies dealing with safe delivery, newborn, and postpartum care (report forthcoming).

The reporting period saw further development of the annotated bibliography text that precedes our upcoming Compendium of Best Practice. Editorial revisions to the bibliography text were completed and information added about the current availability and source of each document. *Networks* also advanced the concept of a field-friendly compendium of best practice with the Partners, inviting examples of HIV/AIDS best practice from each Partner.

In April, country support teams were established for Armenia, Malawi, Nicaragua, and Vietnam. These teams, which include *Networks* advisors and program associates, have advanced the technical excellence agenda by debating and addressing issues connected with technical quality in the four country networks and projects.
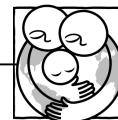
During this reporting period, *Networks* found it necessary to address concerns about constraints on the Partners' ability to participate fully in and benefit from *Networks*. The constraints arose because appropriate staff members are stretched or lacking. In addition, Partners have been challenged in filling project vacancies both in Washington and in the field. An outcome of meetings with the NPC and PAG in April and May was a recommendation that all five Partners hire the additional staff required for their organizational development. Details on specific positions are being addressed with Partners, and recruitment and hiring are underway.

Key activities during this reporting period

- Program of professional development seminars and workshops established;
- Technical update publication, *At a Glance*, initiated, and two issues, *Sexuality At a Glance* and *HIV/AIDS At a Glance*, published and disseminated; text for the next issue, *Preventing STIs At a Glance,* is in draft*;*
- Reproductive Health Strategy and the Behavior Change Technical Approach finalized with Partner and USAID collaboration and feedback;
- Compendium of Best Practice and annotated bibliography advanced;
- Focus country support teams established;
- AIDS Working Group established and inventory tool developed;
- Negotiation with Abt Associates and PATH to provide TA to the global capacity-building agenda and/or focus country networks.

Key activities planned for the next reporting period (June 1-November 30, 2000)

- Hold professional development seminars on "Strategies for Introducing Emergency Contraception" in Washington, DC and Armenia; and "Managing Access and Quality of Reproductive Health Services" in Washington, DC;
- Provide support to adolescent reproductive and sexual health and behavior change activities with Partners in SE Asia and to the Safe Motherhood Workshop in Chiang Mai, Thailand, as part of the global capacity-building agenda;
- Secure assistance from four CAs (PRIME, AVSC, MLD, QAP) and additional assistance from Abt Associates and PATH to help meet priority capacity-building needs of the Partners and of focus country programs;

- Complete recruitment for the RTAs for Latin America/Caribbean and for Africa;
- Support Partners in hiring new staff to build commitment and capacity;
- Review and prioritize components of global capacity-building agenda in light of completed Partner-specific capacity-building plans;
- Continue focus country team meetings for regular review of country activities to promote technical excellence and ensure that needed technical support is available and scheduled;
- Continue regular technical updating briefings for Partners;
- Publish the first component of the Compendium of Best Practice – concerned with HIV/AIDS and the second component concerned with behavior change;
- Publish at least two additional issues of *At a Glance.*

B.   Capacity Building Activities

Networks capacity-building efforts focus on improving Partner capacity to provide quality FP/RH/CS/HIV information and services and on strengthening collaboration among the Partner organizations. This directly addresses our development hypothesis that collaborative effort is an effective means to achieve common health and development goals.

During this reporting period, *Networks* engaged with Partners to develop organizational capacity-building action plans based on the results of organizational self-assessments, which were conducted in the first half of Year Two. While the highly participatory process took longer than anticipated, by the end of May, action plans were in hand for all Partners except CARE, which is planning to focus on HIV/AIDS to complement its activities under CAREMoRR. With Partner plans in hand, *Networks* facilitated the identification of specific expertise that Partners needed from the CA community. Subsequently, a request for funding to secure assistance from CAs was completed in May and submitted to G/PHN.

One lesson learned from the capacity-building process was that Partner engagement needs to occur at multiple levels if we are to succeed in building the necessary commitment and secure the resources required for *Networks* to enhance FP/RH/CS/HIV programming worldwide. *Networks* took the following three steps to better support this process: 1) adopted a more decentralized approach to permit each Partner to proceed at its own pace (e.g., with added staff and subagreement funding); 2) engaged CAs (PRIME, AVSC, MLD, QAP); and 3) focused core team efforts on four priority areas for common capacity building.

As part of this new strategy to promote Partner commitment to improving FP/RH/CS/HIV services, *Networks* decided not to proceed with hiring a full-time development education specialist. While the importance of enhancing commitment to and raising the profile of the FP/RH/CS/HIV agenda remains unchanged, we will decentralize resources to achieve this goal, as noted above. A deep understanding of each Partner's organizational politics is needed to be an effective change agent and champion the internal FP/RH/CS/HIV agenda. Our expectation is that some of the new positions supported, for example within ADRA, will focus on building this organizational commitment and be more effective than engaging a specialist on the core team.

Key activities during this reporting period

- Organizational capacity-building plans developed with all Partners except CARE, which expects to develop an HIV/AIDS plan in the next six months;
- Work with MEASURE initiated to provide customized support to ADRA, PATH, PLAN, and Save the Children on developing and testing indicators and systems for measuring their respective capacity-building efforts;
- Request developed and submitted to G/PHN for $750,000 to be put into four CAs to secure assistance in Year Three of the project.

Key activities planned for the next reporting period (June 1-November 30, 2000)
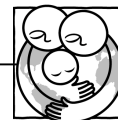
- Facilitate Partner articulation of their capacity-building strategies;
- Develop baseline measures for two core indicators for capacity building;
- Initiate customized support to Partners on how each will measure capacity-building;
- Support Partner implementation of at least three priority capacity-building activities;
- Following Partners' alignment meeting, develop a master plan and calendar for capacity-building opportunities;
- Pilot a set of regional capacity-building activities;
- Develop focus country capacity-building action plans in Malawi and Armenia.

C.   Behavior Change Activities

Expanded knowledge and understanding of Behavior Change Intervention (BCI) principles and strategies and the capacity to use them in programs are essential components of improving FP/RH/CS/HIV services and their utilization. During this reporting period *Networks* documented its BCI technical approach, which draws on Partner and other experience with community-driven and empowerment models. While recognizing that communication is central to any behavior change program, *Networks* approach posits community and social mobilization as key success factors in promoting the adoption of positive, sustainable health behaviors. Our approach also sees achieving healthy behavioral results as part of a social change process, not an outcome in and of itself.

In April, *Networks* with the CORE Group, The Salvation Army, and CAN MOVE held a Consultative Forum on Community-Centered Approaches for Behavior and Social Changes. The workshop, held in Arlington, Virginia, served as an opportunity for representatives from a wide range of organizations to share learning and best practices from the field.

Behavior change efforts are already firmly embedded in much Partner work. One of the lessons learned during this period was the importance of strengthening the linkage between behavior change and focus country program design; a BC component needs to be part of program design from the start.

Key activities during this reporting period

- *Networks* Behavior Change Technical Approach finalized;
- Dialogue continued with other groups through the community and social mobilization working group, CAN MOVE (Community Advocacy Network: Mobilize, Organize, Validate, and Expand);
- Consultative Forum on Community-Centered Approaches for Behavior and Social Changes held.

Key activities planned for the next reporting period (June 1-November 30, 2000)

- Build support for BCI among the Partners, outlining a plan to address their individual capacity-building priorities in this area;
- Develop the plan for capacity building Behavior Change Programs and Community Mobilization – Adolescent Reproductive and Sexual Health (BC/ARSH);
- Establish Partner working group at the HQ level to review and collect information about Partners' ongoing BC/ARSH activities and best practices and to share tools, documents, and communication materials on BC/ARSH;
- Coordinate and conduct cross visits arising out of regional capacity-building activities, especially the BC/ARSH activity;
- Hold BC forums and develop BC interventions in focus countries (Armenia, Malawi, Nicaragua).

D.   Network Development Activities

The reporting period saw increased activity in the area of network development after the arrival of the new institutional development advisor in February.

Networks continued to work on the documentation of other networks for the purpose of gathering knowledge that will inform network development and expansion under this project. Reports on PROCOSI in Bolivia and Groupe Pivot in Mali are near completion. As part of a contractual agreement with the Africa Bureau, *Networks* has been documenting the impact on women's empowerment of three NGO networks in Kenya, Mali, and Nigeria. The report for Nigeria is in process, and discussions have begun for fieldwork for documenting the Kenya AIDS NGO Consortium.

Networks has provided ongoing organizational development (OD) support to focus country networks in Armenia, Malawi, and Nicaragua. Emphasis is on facilitation of development of a common vision, exploration of the pros and cons of working collaboratively, appreciation of what network members bring to the table, and agreements on new ways of working together to implement the vision and goals.

Networks functions as the Secretariat for the White Ribbon Alliance for Safe Motherhood, a network launched in May 1999, and now including over 30 organizations as well as leaders/staff
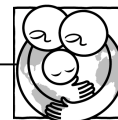
from donors, governments, and CAs. *Networks* supported an event in May 2000, the Mothers Matter Forum, co-sponsored with the Global Health Council, District of Columbia Department of Health, USAID, and the American Public Health Association.

Key activities during this reporting period

- Network development facilitated in Armenia, Malawi, and Nicaragua;
- Documentation on existing health-related network experiences continued;
- Articulation of *Networks* approach to network development initiated;

Key activities planned for the next reporting period (June 1-November 30, 2000)

- Provide country networks with tools for and assistance in network development, partnering, and participatory strategic planning;
- Complete the document on *Networks* approach to network development;
- Develop a framework and tools for monitoring and evaluating networks utilizing action learning;
- Identify additional examples of effective partnerships between PVOs/NGOs and the public and commercial sectors;
- Complete documentation underway on existing networks in Bolivia, Mali, and Nigeria;
- Initiate documentation of Kenya AIDS NGO Consortium;
- Hold workshop in Bolivia on dissemination of network study findings;
- Support planning for the White Ribbon Alliance component of the Global Health Council's annual conference in June 2000;
- Gather and share information on cross-sectoral partnerships and seek opportunities to encourage these partnerships;
- Arrange for network coordinators to visit other established networks;
- Form a Networks Learning Group;
- Begin planning for a panel on networks for the Global Health Conference in June 2001.

III.   COUNTRY PROGRAMS

During the reporting period, *Networks* projects in Armenia, Malawi, Nicaragua, and Vietnam saw significant advances. The implementation of network action plans proceeded steadily in Armenia, Malawi, and Nicaragua with over 30 PVOs/NGOs engaged in these networks. In Malawi, subgrants have been made to eight NGOs, while in Nicaragua subgrants have gone to eight PVO members and will shortly be awarded to another 14 organizations, all of them local NGOs. *Networks* staff, consultants, Partners, and CAs have been providing technical and network development support in these three countries. The Partners have been collaborating as well in Vietnam and began discussing new program possibilities in countries such as Ethiopia, India, and Indonesia. Summaries of country activities during the reporting period are provided below.

A.   Armenia

Overall goal	Reduce mortality and morbidity rates through the development of local capacity to provide sustainable quality reproductive health information and services
Status	Project office established and partially staffed; workplan completed; service delivery and network development activities to begin in June 2000
Participating PVO Partners	ADRA, CARE, Save the Children
Lead PVO Partner	ADRA
Funding committed	$600,000 in ENI Bureau funds, approximately $500,000 in G/PHN core funds, and nearly $1.3 million in field support
Funding period	March 1, 2000 to February 28,2001
Country team leader	Ruth Hope

The Armenia Network's scope of work was approved by USAID/Yerevan in February 2000, with ADRA as lead PVO. The activity promotes a national network that will: 1) test three models for FP/RH information and service delivery at the community level through collaboration with local NGOs, the public sector, and the commercial sector; 2) advocate for quality RH services nationally; and 3) leverage funds for future activity. The three models will become the focus for three regional networks of local organizations that will be eligible for subgrants once their institutional capacity has been adequately developed.

During the reporting period, the Partners have come together as a strong team in Armenia, working collaboratively on the Scope of Work and completing preparation of a detailed workplan for the first year of the activity. Armenia Network opened a coordination office in Yerevan and

nearly completed staffing of the office. Meanwhile, the three pilot projects began hiring staff in order to commence service and network development activities in June 2000.
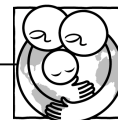
Key activities during this reporting period

- Scope of Work completed and approved by USAID/Yerevan;
- Project office established and staff hired for most positions;
- The Partnership Council, consisting of ADRA and Save the Children's country directors and CARE's regional director, held monthly meetings;
- Year 1 work planning undertaken collaboratively.

Key activities planned for the next reporting period (June 1-November 30, 2000)

- Support completion of project staffing in Armenia;
- Collaborate with Armenia Network staff in planning and implementing project start-up workshop, stakeholder, and strategic planning workshops for network development;
- Provide technical assistance for Partners' organizational assessments;
- Facilitate TA for fertility studies;
- Facilitate TA for a special study in health financing and private sector development;
- Address with USAID/Yerevan reliable availability of a good method mix of contraceptives;
- Conduct baseline survey and support the qualitative needs assessment process;
- Facilate workshop for Partners to develop work plans for capacity building in Behavior Change/Adolescent Sexual and Reproductive Health (BC/ASRH)

B.   Malawi

Overall goal	Provide capacity building to local NGOs in the design and management of HIV and RH programs and activities.
Status	Community-based HIV activities of 8 NGOs funded; staff hiring in final stages; PVO and NGO capacity-building plans under development; activities begun in network development; resource center created
Participating PVO Partners	ADRA, CARE, Plan International, Save the Children
Lead PVO Partner	Save the Children
Funding committed	Approximately $1 million of G/PHN core funds and $3.9 million of field support
Funding period	June 1, 1999 to September 30, 2001
Country team leader	Mike Negerie

The Scope of Work for the Umoyo Network project includes establishing an NGO grants program, building the capacity of subgrantees, and developing a network of NGOs. Services are provided in grants management, capacity building, health technical assistance, logistical support, and data collection for the benefit of Malawian NGOs. Resources are committed to increasing access to TA, supporting grant activities, and strengthening the capacity of NGO partners to design and deliver quality FP/RH/CS/HIV services particularly focusing on HIV/AIDS. Programmatic emphasis is placed on activities targeted at adolescent and community groups for the delivery of Voluntary Counseling and Testing (VCT) and Home-Based Care (HBC) services.

During this reporting period, an additional six subgrants were issued, bringing to eight the number of NGOs receiving funding. Four more NGO subgrantees underwent institutional assessment activities, bringing the total to six, and a preliminary capacity-building plan was developed based on the individual and collective needs of the subgrantees. Also during this period, five applications for local initiative funds (under $5,000) were approved for various NGO activities.

Several workshops, TA, and training sessions were held to strengthen the capacity of subgrantees to deliver effective FP/RH/HIV services and information. CAs such as JHPIEGO and CDC provided TA in FP service delivery, including training in state-of-the-art "same-day" test results technology for HIV/AIDS. Umoyo conducted two studies – one an assessment of home-based care services in Malawi and the other an assessment of PLWA organizations – the results of which are being used to design and channel appropriate support to subgrantees.

Network development has progressed more slowly than program activities around financial and technical support to NGOs. Planning for a stakeholders workshop was pushed back to fall 2000. Drawing from agreements formulated when the stakeholders are brought together, a strategy paper will be developed in which the network's structure, strategy, programmatic focus, governance, and capacity development will be outlined. Serious consideration will be given to developing a mini-network using existing national AIDS networks rather than creating a new network.

The interactive Umoyo Café became a more actively used resource center, with visitors taking advantage of additional equipment that was procured and the readily accessible Internet services. The center is also used as a meeting place.

Key activities during this reporting period

- Project start-up workshop held;
- Preliminary discussions held with PVO Partners and other stakeholders on NGO network development;
- Over 20 NGO proposals received and reviewed;
- Grants issued to support six new RH/HIV/AIDS activities and five small NGO initiatives;
- Institutional assessments of four subgrantees conducted, and a preliminary capacity-building plan developed;
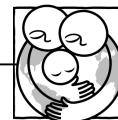
- Fifteen PLWA organizations assessed and interventions with three national AIDS networks planned;
- Proposals developed by the Partners for collaborative implementation of RH/HIV activities;
- Home-based care assessment conducted and results disseminated in an HIV/AIDS workshop;
- FP/RH/HIV service delivery systems workshop held in collaboration with JHPIEGO;
- TA provided in social survey techniques, baseline survey conducted, and analysis of findings initiated.

Key activities planned for the next reporting period (June 1-November 30, 2000)

- Support Umoyo in hiring a senior health program manager and other staff needed to strengthen the technical capacity of the project;
- Assist Umoyo in developing and implementing an NGO capacity-building plan;
- Provide technical support to organizational assessments and assist in development of Partner activity proposals;
- Fund and launch Partner activities;
- Provide technical support and hold a BC workshop to develop BC programs;
- Collaborate with Umoyo staff in planning and implementing stakeholder and strategic planning workshops for network development;
- Provide technical support for PLA training for subgrantees.

C.   Nicaragua

Overall goal	Facilitate the restoration of health services while building sustainable provider networks to expand service coverage in Hurricane Mitch-affected communities
Status	NGO health network established with currently 22 PVO and NGO members; 8 subgrants supporting PVO projects; health indicators baseline survey completed; technical capacity-building activities underway
Participating PVO Partners	ADRA, CARE, Plan International, Save the Children
Lead PVO Partner	CARE
Funding committed	$6.1 million in field support and $800,000 in core funding
Funding period	July 1, 1999 to August 31, 2001
Country team leader	Sumana Brahman

Networks' project in Nicaragua is building on the existing infrastructure of PVO/NGO health and relief programs to deliver larger scale and higher quality RH/CS/HIV services and information to communities affected by Hurricane Mitch. This is achieved by working through the NGO network *Nicasalud*, which funded 22 PVOs and NGOs by May 2000. The *Nicasalud* project is well underway with all three components, which are implementing a subgrants program, enhancement of collaboration among grants recipients and other health service providers, and promotion of sustainable health behaviors in target communities.

During the reporting period, CARE, as the lead PVO Partner, continued to lead the growth of the project, expanding *Nicasalud*'s reach to include local NGOs. A competitive bidding process to bring local NGOs into the subgrants program was organized and resulted in 14 new awards.

For the original eight PVO members, *Nicasalud* held a capacity assessment workshop in February to develop the agenda for capacity building for the network. Participants subsequently prepared proposals for collaborative capacity building in six areas: community-based IMCI, behavior change, social mobilization, monitoring and evaluation, including men in health programs, and vector control. These proposals are being further developed, and sources of TA identified. In addition, *Nicasalud* and *Networks* have had discussions on the potential for obtaining TA to support collaborative capacity building from, among others, PRIME, BASICS and AVSC, and on liaising with PAHO. *Networks* has commenced planning for TA from CAs with PRIME, BASICS, AVSC and QAP. *Nicasalud*'s needs have featured in these discussions.

Other initiatives include regular meetings between *Nicasalud* and PVO country directors and technical managers to discuss policy and program issues.

Key activities during this reporting period

- Competitive bidding process organized for local subgrantees for undertaking health service reconstruction in Mitch-affected areas and has resulted in 14 NGOs being added to the *Nicasalud* network;
- Staff recruitment continued, and staff orientation workshop held;
- Participatory baseline assessment completed;
- Capacity assessment workshop held with *Nicasalud* members and with participation of the Ministry of Health;
- Proposals developed for collaborative capacity building.

Key activities planned for the next reporting period (June 1-November 30, 2000)

- Support Nicasalud as it hires additional staff and enlarges its subgrant portfolio;
- Provide and arrange for technical assistance for PVO capacity building;
- Support development of a capacity-building plan for NGOs;
- Outline with Partners a common vision for BC programs and plan for their implementation;
- Support a Partner review of governance, fundraising, and advocacy;
- Support the project start-up workshop for local NGOs;

- Assist with diversification of the donor base;
- Develop and implement a qualitative assessment process.

D. Other Country Activities

In addition to the activities in the three focus countries described above, *Networks* has been involved in Vietnam and has begun to explore ways to engage in activities with existing networks in other countries.

Networks activities in Vietnam center around targeted technical support for the Safe Motherhood/Newborn Care Project now under implementation. The project's major elements are to: provide quality safe motherhood information and services; establish a district safe motherhood resource and learning center; strengthen the capacity of the network members through technical assistance and training; establish a grants program for members of the network; and conduct operations research. USAID funding is at the level of $400,000, with $100,000 from GHPN and $300,000 from the ANE Bureau.

Also in Vietnam, CARE has taken the lead in establishing a network among three of the Partners in country – CARE, PATH, and Save the Children. At this time, ADRA and Plan International are observers to the network. During the reporting period, *Networks* regional technical advisor provided technical support for both network development and the Safe Motherhood/Newborn Care Project.

Initiatives elsewhere involve developing activity with existing networks. *Networks* has begun exploring ways to promote shared learning about networks involved in FP/RH/CS/HIV, beginning with Bolivia (PROCOSI), Mali (Groupe Pivot), and Nigeria.

Key activities during this reporting period

- M&E training in methods for carrying out baseline surveys provided to SC/US and to the PATH Safe Motherhood project in Vietnam;
- Support provided for the establishment of a networks governance structure and secretariat in Vietnam.

Key activities planned for the next reporting period (June 1-November 30, 2000)
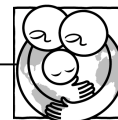
- Provide support in the development of the community mobilization component of the Vietnam project;
- Support M&E efforts in Vietnam, (e.g., assist with the baseline analysis and follow-up);
- Collaborate in efforts to seek additional funding to extend and expand activities in Vietnam;
- Conduct workshop in Bolivia to share learning about existing networks;
- Engage in dialogue with PROCOSI about marketing support;
- Engage in dialogue with BASICS and CORE on linking PVO/NGO networks.

E.   Marketing to Develop New Country Programs

Over the reporting period the Partners have continued consultations with USAID and others regarding programming in new countries. Plans are underway for exploratory visits in the coming months to Ethiopia and India. While the availability of USAID mission funding is not yet confirmed, Partners are keen to explore possible support from private and public sources, as well as the missions. Collaboration in Indonesia, Egypt, and Nepal has also been under discussion.

IV.   CROSS-CUTTING ACTIVITIES

A.   Communication, Documentation, and Dissemination Activities

Networks communication, documentation, and dissemination activities are designed to support the needs of staff, the Partners and their *local* partners around the world, USAID, and the wider development community. With the Partners working globally in 144 countries, *Networks* communication efforts have the potential to achieve remarkable reach, across a range of programs and settings.

In March 2000, *Networks* issued its Communication, Documentation, and Dissemination Strategy. The document sets forth our approach to communications and identifies information activities that will advance the Strategic Objective, Results, and Intermediate Results for the project.

To encourage and support health policy makers, program managers, and service providers in their work, *Networks* initiated a quarterly technical update, *At a Glance*. The first two issues, one on community approaches to HIV/AIDS and the other on sexuality, have been enthusiastically received as a much needed field resource that addresses timely topics in an easy-to-read format for busy health professionals. Planning is in process for the next two issues, one on preventing STIs and the other on emergency contraception.

Networks Resource Center was officially opened at headquarters. Our collection of FP/RH/CS/HIV and related topical materials continues to grow and is available to *Networks* and Partner staff. A materials database is updated regularly. Informational meetings were held with PACT and other agencies to gather resources related to the establishment of resource centers in *Networks* focus countries.

This reporting period saw the finalization, production, and dissemination of the *Capacity Building Workshop Memorandum*; *Malawi Start-up Workshop Report*, and *Networks Report on the International Confederation of Midwives Conference*. Other documents in final production at this time include: *Reproductive Health Strategy*; *Behavior Change Technical Approach; Behavior Change Forum Report*; *Resources for Family Planning, Maternal and Child Health, and HIV Programs*; *White Ribbon Alliance Organizing Handbook*, and two posters – one on *Networks* and one on PROCOSI – for the Global Health Conference's poster session.

Networks project information materials and publications were also distributed widely to Partner offices globally. These materials included our information packets and the following documents: *The Challenge: Rethinking Behavior Change Interventions in Health*; *Effective Strategies to Promote Quality Maternal and Newborn Care*; *Capacity Building Strategies: Opportunities for Collaborative Action*; *NGO Networks for Health Detailed Monitoring and Evaluation Plan*; *The Story of CARE's Successful Integration of Family Planning and Reproductive Health Services*; and CARE's *Final Report of the Population and Family Planning Expansion (PFPE) Project*.

All *Networks* publications are available in pdf format on our web site, www.ngonetworks.org, which is also a source of the latest information about the project and focus country activities. The web site links to Partner and other related RH sites. During this reporting period, 275 requests were received via our web site asking to be added to *Networks* e-mail group for notification when new publications are added to the site.

The Documentation and Dissemination Working Group, co-founded by *Networks*, and with membership from Partners, other PVOs and CAs, met regularly to exchange information and ideas on a broad range of communication topics.

The last six months witnessed growth in a wide range of *Networks* activities, including the area of communication. To support the project's multiple and diverse communications activities at headquarters and in focus countries, a new communications specialist position has been created within the core team and recruitment is underway.

Key activities during this reporting period

- *Networks Communication, Documentation and Dissemination Strategy* published and disseminated;
- Resource Center opened at headquarters;
- Two issues of *At a Glance* published and disseminated*;*
- Reprinted the *CARE Report* and *CARE's PFPE Case Study*; *CORE Safe Motherhood Report*; *Networks M&E Plan*, and project promotional materials;
- *Networks* promotional materials and other key project documents disseminated to Partner country offices worldwide;
- Project reporting and technical documents finalized, produced, and disseminated;
- Planning undertaken for Safe Motherhood Workshop, Behavior Change Workshop, and PLAN/ADRA Lessons Learned Conference reports, White Ribbon Alliance Organizing Handbook and Post Card, and two upcoming issues of *At a Glance*;
- Maintained web site and mailing databases.

Key activities planned for the next reporting period (June 1-November 30, 2000)

- Conduct Partner communications assessments at headquarter and focus countries;
- Facilitate Partners' focus country development of communication plans;
- Produce and disseminate the following products: *Preventing STIs – At a Glance*, *Emergency Contraception – At a Glance*, *Networks Reproductive Health Strategy*; *Networks Behavior Change Technical Approach*; *Annotated Bibliography of Resources in FP/RH/CS/HIV*; *Compendium of Best Practice in HIV*; *Behavior Change Workshop Report*; *Safe Motherhood Workshop (Kenya) Report*; *PLAN/ADRA Lessons Learned Conference Report*; *White Ribbon Alliance Organizing Handbook*; *PROCOSI Case Study*; *Group Pivot Case Study*; *Nigerian Networks Case Study*; *Networks* and PROCOSI posters, Partner map; *LQAS Training Manual*;
- Translate key project documents into Spanish;

- Grow Resource Center materials collection;
- Prepare and add staff bio-data information to web site and update focus country information;
- Organize planning meetings to initiate field-focused newsletter;
- Organize periodic *Networks* presentations for G/PHN, Partners, PVOs, and CAs;
- Host Documentation and Dissemination Working Group meeting;
- Support the plan for sharing learning about networks involved in FP/RH/CS/HIV.

B.   Monitoring and Evaluation

Monitoring and evaluation efforts include ongoing guidance and support at the country level, where quantitative and qualitative baseline data collection is complete or underway for Nicaragua, Malawi, and Vietnam.

Key activities during this reporting period

- M&E virtual team created with Partner representatives and led by *Networks* senior M&E advisor;
- MEASURE engaged to provide customized assistance to Partners in developing systems for generating baseline and monitoring data for the two core indicators under Result 1;
- Baseline data collection activities completed in Malawi, Nicaragua, and Vietnam;
- Distillation of an integrated health facility assessment tool initiated;
- Planning begun for baseline survey activities in Armenia;
- First draft and pre-test completed of a training manual for baseline data collection (using LQAS methodology), tabulation, and analysis;
- Worked with the 8 PVOs of Nicasalud to develop individual reports on their baselines.

Key activities planned for the next reporting period (June 1-November 30, 2000)

- Review and revise the illustrative indicator list;
- Support the development of Partner plans for measuring internal capacity-building with assistance from MEASURE, establish baseline, and begin reporting on progress;
- Establish *Networks* monitoring framework and indicators at the global level;
- Refine and begin field testing M&E training materials for use in focus countries;
- Support baseline data analysis and qualitative assessments in focus countries.

C.   Operations Research

Networks strategy for operations research (OR) supports focus country projects and Partner programming by selectively testing and developing innovative approaches and examining important questions about collaboration, management, communication, and practice in FP/RH/CS/HIV. *Networks* OR agenda addresses issues raised by the focus country related to improving the quality of work they are carrying out under *Networks* and issues that can enhance the work that PVOs/NGOs carry out both in focus and non-focus countries.

OR activities are taking shape in two countries. In Malawi, Umoyo is carrying out OR to advance understanding of effective approaches to counseling and home care for people living with HIV/AIDS. *Networks* is discussing with the Quality Assurance Project (QAP) possibilities for engaging their technical support. In Nicaragua, Nicasalud has developed plans to conduct OR that will advance the development of community-based IMCI tools. Assistance will be provided by BASICS or a consultant. Planning continues for a regional OR training workshop for the Partners to be held in Asia or Africa during Year 3.
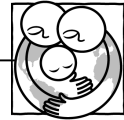
V.   PROJECT MANAGEMENT

A.   Staffing

During April and May, *Networks* took stock of progress, constraints, strategies, and priorities, leading to a reaffirmation by the Partners of the five essential outcomes noted in the introductory section of this report. Among the decisions made to promote delivery with excellence was the creation of a deputy director position (formerly program operations manager) to manage technical operations and coordinate *Networks* capacity-building work and support to country activities. At the same time, it was decided that Partners should hire in-house technical expertise directly for reasons of efficiency and sustainability. As a result, core team job descriptions are being reviewed and revised to stress competencies in facilitating organizational development, skill transfer, training, and networking. Program associate responsibilities will also be increased. The distinction between advisors and specialists has been reviewed, and some titles are being changed to better reflect roles and competency levels.

During the reporting period, *Networks* hired an institutional development advisor, a program associate for RH/TSG support, and an office manager. *Networks* continues to operate with less than a full complement of staff while the level of activity continues to increase. Positions for which *Networks* is or will soon be recruiting are:

> Project Director—Save the Children
> Deputy Director—PATH
> Communications Specialist—PATH
> Capacity Building Specialist—Save the Children
> Network Liaison Specialist—(to be determined)
> Program Associate (for CDD)—Save the Children
> Two Regional Technical Advisors—Africa and Latin America – ADRA (Africa) and PLAN (LA)
> Bookkeeper/Accountant—Save the Children
> Administrative Assistant—Save the Children

Most important of the current vacancies is the project director position, vacant since early March. Save the Children's officer-in-charge has been serving as acting project director. Several well-qualified candidates have been interviewed and a preferred candidate has recently been identified. Recruitment for the director and deputy positions is being closely coordinated by Save the Children and PATH.

In April, the core staff was organized into country teams to provide timely, coordinated support to field programs. The teams are:

Networks Country Teams

Responsibilities	Armenia	Malawi	Nicaragua
Team Leader	Ruth Hope	Mike Negerie	Sumana Brahman
RTA Technical Network Development M & E Capacity Building Program Support	Catharine Pownall Premila Bartlett La Rue Seims Sumana Brahman Ina Gantcheva	TBD Ruth Hope Gail Zucker La Rue Seims/Joe Valadez (Gail Zucker) Susan Otchere	TBD Theresa Shaver Joe Valadez (Sumana Brahman) Mana Sonawane
Cross-Cutting Staff As and When Needed	John Owens Rita Feinberg	John Owens Rita Feinberg	John Owens Rita Feinberg

B.   Partnership Governance

The NPC, with PATH as chair, continues to play an essential governance role in *Networks*. During this reporting period the NPC met twice: February 29 - March 1 at Save the Children HQ in Westport, and April 18 - 19 in Washington DC. In addition to providing policy guidance, supporting the director, and monitoring *Networks* achievements, the NPC has dealt with substantive issues such as the leadership transition and mandate for stocktaking by the acting director, clarification of essential outcomes, articulation of decentralization as a priority strategy, and leveraging of non-USAID resources.

The NPC also continues to explore opportunities for PVO Partner collaboration in key areas such as human resource management and recruitment. To this end, the directors of human resources from the five Partners joined the NPC on March 1 in Westport for discussions on a range of issues from challenges in achieving diversity and gender goals to potential sharing of resources.

The Managers Working Group, composed of health program directors from the Partners with Save the Children as chair, also met regularly. Fortnightly teleconferences and three face-to-face meetings (February 9-10, April 19, and May 4-5) occurred during the reporting period. With other recent changes in roles within *Networks*, the Managers Working Group is being redefined as well. To clarify the MWG's advisory as opposed to management role, it has been restyled as the Project Advisory Group (PAG). Its responsibilities are shifting over to managing *Networks* staff within each Partner, who are expected to become the routine contacts for *Networks* core team.

The partnership consultant, Mark Leach, worked with the director and both groups during the reporting period. His chief role is to facilitate face-to-face meetings and to work with the NPC, PAG, and director on articulating and reinforcing partnership goals and behaviors.

C. Planning

A workshop for Year 3 work planning was held in Washington in April, with all *Networks* headquarters' technical staff and the RTA for Asia in attendance. At the workshop, it was decided that planning for Year 4 should commence with country-level workshops in early Spring 2001 followed by the Year 4 work planning workshop, which senior field program (network) leaders would attend in addition to the core *Networks* team and the RTAs.

## VI.	SUMMARY FINANCIAL REPORT – MAY 31, 2000

NGO NETWORKS FOR HEALTH
Summary Financial Report May 31, 2000

	Total Budgeted Mar 98 - Mar 03	Expenditures Mar 5, 1998 to May 31, 2000	Budget JUN 00	Budget JUL 00	Budget AUG 00	Budget SEP 00	Budget OCT 00	Budget NOV 00	Budget DEC 00	Budget JAN 01	Budget FEB 01	Budget MAR 01	Budget APR 01	Budget MAY 01	Budgeted Expenditures Jun 00 - May 01	Estimated Expenditures Jun 01 - Mar 03
I Personnel	2,425,336	1,276,968	85,077	85,077	85,077	85,077	85,077	85,077	85,077	85,077	85,077	85,077	85,077	85,077	1,020,924	127,444
II Fringe	587,860	297,959	18,717	18,717	18,717	18,717	18,717	18,717	18,717	18,717	18,717	18,717	18,717	18,717	224,603	65,297
III Travel	1,540,309	359,197	22,000	22,000	22,000	22,000	22,000	22,000	22,000	22,000	22,000	22,000	22,000	22,000	264,000	917,112
IV Equipment	75,000	76,502	0	35,000	0	0	35,000	0	0	35,000	0	0	35,000	0	140,000	-141,502
V Supplies	159,928	192,264	2,630	0	2,630	0	2,630	0	2,630	0	0	0	0	0	10,522	-42,857
VI Contracts	1,568,318	721,162	25,833	25,833	25,833	25,833	25,833	25,833	25,833	25,833	25,833	25,833	25,833	25,833	310,000	537,156
VII Subgrants:																
A. ADRA	6,546,337	760,793	137,878	137,878	137,878	137,878	137,878	137,878	137,878	137,878	137,878	137,878	137,878	137,878	1,654,538	4,131,007
B. CARE	4,986,246	1,784,581	213,167	213,167	213,167	213,167	213,167	213,167	213,167	213,167	213,167	213,167	213,167	213,167	2,558,000	643,665
C. PATH	2,028,706	756,301	65,280	65,280	65,280	65,280	65,280	65,280	65,280	65,280	65,280	65,280	65,280	65,280	783,360	489,045
D. PLAN	8,092,929	961,606	98,809	98,809	98,809	98,809	98,809	98,809	98,809	98,809	98,809	98,809	98,809	98,809	1,185,702	5,945,622
E. Other	5,325,694	290,065	101,628	101,628	101,628	101,628	304,883	304,883	304,883	304,883	304,883	304,883	304,883	304,883	2,845,575	2,190,054
Subtotal Subgrants	26,979,912	4,553,345	616,761	616,761	616,761	616,761	820,016	820,016	820,016	820,016	820,016	820,016	820,016	820,016	9,027,174	13,399,393
VIII Other Direct	6,447,640	544,615	44,083	48,491	53,340	58,674	64,541	70,995	78,095	53,340	58,674	64,541	70,995	78,095	743,863	5,159,161
Total Direct Costs	39,784,303	8,022,013	815,101	851,879	824,358	827,062	1,073,815	1,042,639	1,052,369	1,059,983	1,030,317	1,036,185	1,077,639	1,049,738	11,741,086	20,021,204
Indirect Costs	2,125,256	503,186	29,354	29,617	30,724	31,125	32,382	32,948	34,388	30,335	31,125	31,993	32,948	33,999	380,939	1,241,131
Total USAID	41,909,559	8,525,198	844,456	881,496	855,083	858,187	1,106,197	1,075,587	1,086,757	1,090,319	1,061,442	1,068,178	1,110,587	1,083,737	12,122,025	21,262,336
Total Cost Share	10,477,390	2,131,300	211,114	220,374	213,771	214,547	276,549	268,897	271,689	272,580	265,360	267,044	277,647	270,934	3,030,506	5,315,584
Total Program Costs	52,386,949	10,656,498	1,055,569	1,101,871	1,068,854	1,072,733	1,382,747	1,344,484	1,358,446	1,362,898	1,326,802	1,335,222	1,388,234	1,354,672	15,152,532	26,577,920